

EXHIBIT "A"

STUART J. MOGUL D.P.M.
DIPLOMATE AMERICAN BOARD OF PODIATRIC SURGERY
FELLOW AMERICAN COLLEGE OF FOOT SURGEONS

AFFILIATION
NYC DOWNTOWN HOSPITAL
NYC MEDICAL CENTER
MANHATTAN EYE EAR AND THROAT HOSPITAL

11 WEST 72ND STREET
NEW YORK, NY 10023

(212) 769-0065
FAX (212) 769-1475
www.fssnycnyc.com

PAYMENT POLICY

Our office will make every effort to minimize out of pocket expenses incurred by our patients. However, you the patient are ultimately responsible for your bill. In the event your health insurance carrier refused, denies or limits payment to this office, an invoice will be sent to you for payment unless other arrangements have been made.

I have read and agree with the above policy

Signed: _____



EXHIBIT "B"

STUART J. MOGUL D.P.M.
DIPLOMATE AMERICAN BOARD OF PODIATRIC SURGERY
FELLOW AMERICAN COLLEGE OF FOOT SURGEONS

ASSOCIATION
NYC DOWNTOWN HOSPITAL
NYC MEDICAL CENTER
MANHATTAN EYE, EAR AND THROAT HOSPITAL

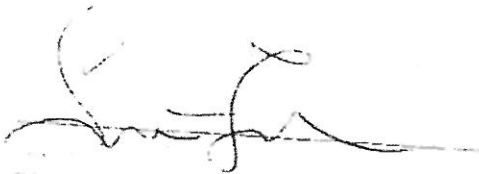
15 WEST 72ND STREET
NEW YORK, NY 10023

(212) 769-0006
FAX (212) 769-1635
WWW.FOOTHEALTHCARE.COM

Notice Regarding Third Party Payment on Cosmetic Foot Surgery

The surgical treatment of foot deformities which are NOT painful in nature or those deformities that DO NOT compromise normal foot function may be considered cosmetic surgery. Most health insurance policies WILL NOT provide payment for cosmetic procedures and as such, this office WILL NOT accept assignment on these types of procedures. Payment for cosmetic surgical procedures must be made prior to undergoing surgery.

I have read and understand the above notice



Signature

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Empire Bc/bs
Post Office Box 3877
New York, NY 10008

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Thomas, Tamika	09/25/1975		X	Thomas, Tamika	
10 Grzyb Terrace	X			10 Grzyb Terrace	
Parlin	NJ	X		Parlin	NJ
08859	732 707-3648			08859	908 981-4150
SAME					
ROQ4052318600		X		09/25/1975	X
09/25/1975	X	X			
P.o. Box 950 MA 02052		X		Empire Bc/bs	
Benemax				X	

Signature on file

05/22/2012

Signature on file

X

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735 4

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02162012	02162012	24	28296	LT 59	1	\$20,000.00	1	1568558674
02162012	02162012	24	76000		1	\$800.00	1	1568558674
02162012	02162012	24	28285	T6 59	2	\$6,000.00	1	1568558674
02162012	02162012	24	28285	T7 59	2	\$6,000.00	1	1568558674
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133308964	X	24633		X		\$58,600.00	\$0.00	\$58,600.00

Signature on file
STUART J. MOGUL, DPM P.C.
02/23/2012

Midtown Surgery Center
305 East 47th Street
NEW YORK, NY 10017

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NEW YORK CITY, NY 10023